

FEC
FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

14 APR 21 AM 10:09

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Families for James Lankford

ADDRESS (number and street)

PO Box 1639

Check if different
than previously
reported. (ACC)

Bethany

OK

73008

2. FEC IDENTIFICATION NUMBER ▼

C C00466482

3. IS THIS
REPORT☒NEW
(N)

OR

AMENDED
(A)

ZIP CODE ▲

STATE ▼ DISTRICT

OK

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y

M M / D D / Y Y

M M / D D / Y Y

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y

M M / D D / Y Y

M M / D D / Y Y

in the
State of

5. Covering Period

M M / D D / Y Y

M M / D D / Y Y

M M / D D / Y Y

through

M M / D D / Y Y

M M / D D / Y Y

M M / D D / Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Terri Lynn Miller

Signature of Treasurer Mrs. Terri Lynn Miller

Terri L. Miller

Date

M M / D D / Y Y

M M / D D / Y Y

M M / D D / Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
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(Revised 02/2003)